



ADULT HEALTH/RELEASE FORM

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Male/Female: _____ Age: _____ Church: _____

The purpose of this form is to have a brief medical history of each participant on hand should an emergency arise. Parents will be contacted in the event of an emergency. Each participant must have a signed "Health/Release Form" in order to attend this retreat.

1. Are all immunizations current? _____ Date of last Tetanus? _____
2. Allergies (please list):
Medications: _____
Food: _____
Insect bites poison ivy/oak: _____
Other: _____
3. Any recent surgery? _____ Released for full activity? _____
4. Any physical condition which would prevent full participation in all activities? _____
If yes, what? _____
5. Diabetic? _____
6. Asthma? _____
7. Under a doctor's orders to take medication? _____ If yes, please list all prescription medications:

8. Is sponsor authorized to approve medical treatment? **Yes / No** (circle one)
9. Is participant covered by personal/family medical insurance? **Yes / No** (circle one)
 - If yes, name of insurer: _____
 - Policy or group number: _____
 - Policyholder's name: _____
10. Is there anything else our staff need to know about their physical and/or mental condition?



I, the undersigned, hereby agree to indemnify and hold harmless Wesley Pines Conference, Retreat, & Camping Center, Inc., its Board of Directors, its officers, employees and staff, from any liability as a result of either intentional acts or negligence, or failure to act on the part of any of the above named entities or persons as a result of the use of the premises while I am participating in any activities while camping.

Name (Print Clearly)

Signature

Date

Emergency Contact (Print Clearly)

Emergency Contact Phone Number